

Complex Pathogenetic Therapy of Recurrent Clips

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ABSTRACT

The aim of the study is to increase the effectiveness of complex therapy for chronic recurrent lip cracks. The clinical results of the conducted studies clearly demonstrate the advantage of using the Antistax ED corrector in the complex therapy of CRLC. Simplicity and ease of use of the drug provide the possibility of its use at a therapeutic dental appointment. The use of Antistax in combination with conventional CRLC therapy helps to reduce the duration of treatment, reduce the frequency and duration of relapses, lengthen the anti-relapse period and reduce the severity of relapses.

KEYWORDS: *chronic recurrent lip cracks, Quality of life (QoL), Russian version of the SF-36 questionnaire, Antistax, decrease in the height of the lower third of the face, full lips, constriction on the lower lip.*

The urgency of the problem. Red border diseases of the lips are one of the most common pathologies in the practice of clinical dentistry, the prevalence of which is steadily increasing, screening studies reveal lip lesions as the most common diseases of the oral mucosa (OM). Chronic recurrent lip crack (CRLC) account for 3.0 to 16.0% of the total pathology of oral mucosa, while 3.0% - to 6.0% of CRLC are capable of malignant degeneration [1,2,4,6].

The complex multicomponent pathogenesis of the development of the disease suggests the development of CRLC as a reaction to the impact of adverse external and internal factors leading to the formation of a pathological focus on the red border of the lips. One of the important reasons for the emergence and development of CRLC is the instability of the psycho-emotional sphere [3,4,7]. Depression and anxiety-phobic conditions are found in 90.0% of patients [3,5,8]. Based on the foregoing, the development of a comprehensive treatment for chronic recurrent lip cracks is an urgent problem in dentistry.

The aim of the study is to increase the effectiveness of complex therapy for chronic recurrent lip cracks.

Materials and research methods. Of those examined, lip fissure was found in 92 patients, which accounted for $5.85 \pm 0.59\%$ of the total number of patients treated for dental diseases. Prior to the start of therapy for the disease, complaints were collected and the anamnesis was analyzed, the face and CCG were examined for the presence of anatomical features characteristic of a chronic fissure (decrease in the height of the lower third of the face, full lips, constriction on the lower lip).

Attention was paid to the presence in the oral cavity of factors capable of initiating the appearance of a chronic lip crack, such as the presence of prostheses made of dissimilar metals, traumatic edges of crowns and fillings, etc. Other pathologies of the CCH and the oral cavity were taken into account, which can aggravate the course of the CCH fissure (exfoliative cheilitis, lichen planus, atopic dermatitis, etc.).

Quality of life (QoL) was assessed on the basis of the Russian version of the SF-36 questionnaire to assess the QoL of healthy people and patients with various types of pathology. All patients with

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CRLC were divided into 2 groups: group 1 - 37 patients, comparison received conventional treatment; 2 - the main group - 38 patients, along with conventional therapy, took Antistax 2 capsules in the morning 30-40 minutes before meals, daily for at least 7 days.

Results and discussion. It should be noted that the frequency of trigger risk factors was statistically significantly associated with the severity of the clinical course of CRLC. Thus, the frequency of smoking cigarettes or nasvay increased from 10.00% in mild cases; up to 13.04% in moderate course and reached 30.49% in patients with severe CRLC versus 10.00% in the control group ($\chi^2=24.965$; $P\leq 0.01$); similar dynamics of the harmful effects of solar insolation amounted to 7.61%; 8.70% and 14.13% versus 7.50% ($\chi^2=11.047$; $P\leq 0.05$); taking a sauna and other hyperbaric effects, respectively, 6.50%; 8.72% and 9.78% versus 12.50% ($\chi^2=9.140$; $P\leq 0.05$); frequency of exposure to irritating industrial hazards - 3.26%; 4.36% and 13.04% versus 5.00% in control ($\chi^2=7.991$; $P\leq 0.05$); the corresponding frequency of occurrence of alcohol abuse - 1.09%; 3.26% and 15.22% versus 7.50% ($\chi^2=11.658$; $P\leq 0.05$); the number of patients abusing spicy food also significantly increased with an increase in the severity of CRLC - 4.36%; 5.43% and 16.30% versus 7.50% ($\chi^2=10.429$; $P\leq 0.05$); the same pattern was noted in the number of patients taking drugs from the group of salicylates and / or corticosteroids - 3.26%; 7.30% and 11.96% versus 5.0% ($\chi^2=19.122$; $P\leq 0.05$). Thus, the harmful effect of trigger factors is more significant in severe CRLC. Patients with CRLC 2.1 - 4.10 times more often suffered from somatic pathology of various origins.

Thus, the duration of treatment in the 2nd main group was 6.31 ± 0.27 days versus 8.12 ± 0.35 days in the comparison group ($P\leq 0.05$); the frequency of relapses during the year in one patient, respectively, 1.02 ± 0.05 versus 2.14 ± 0.10 ($P\leq 0.01$); the corresponding ratios of the duration of relapses were 4.21 ± 0.19 days versus 7.82 ± 0.33 days ($P\leq 0.01$); and the duration of the interrecurrent period, respectively, up to 8.95 ± 0.34 months in the 2nd main group versus 6.70 ± 0.23 months in the 1st comparison group ($P\leq 0.01$); at the same time, a significant decrease in the severity of relapses was found to 1.31 ± 0.05 points versus 2.25 ± 0.11 points ($P\leq 0.01$).

The clinical results of the conducted studies clearly demonstrate the advantage of using the Antistax ED corrector in the complex therapy of CRLC. Simplicity and ease of use of the drug provide the possibility of its use at a therapeutic dental appointment. The use of Antistax in combination with conventional CRLC therapy helps to reduce the duration of treatment, reduce the frequency and duration of relapses, lengthen the anti-relapse period and reduce the severity of relapses.

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